## WAIVER OF QUALIFICATION

	, Virginia, Circuit Cour
NAME OF DECEDENT	DATE OF DEATH
I. I/We, the executor(s) appointed by the decedent's will,     I refuse the executorship     I refuse the executorship in favor of the co-executor(s)	
SIGNATURE OF E	XECUTOR(S)
2. I/We, residual or substantial legatee(s) (persons to who I/We, distributees of the intestate decedent's estate (redecline to qualify on the estate and request appointment	elatives under Va. Code § 64.1-11; see also § 64.1-1)
NAME AND ADDRESS OF PERSON NOMIN.	
as administrator, c.t.a. (if decedent left a will) or as administrator (if decedent did not leave a will)	TED FOR AUTOLIVIALENT
SIGNATURE(S), LEGATEE(S)/DISTRIBUTEE(S)	RELATIONSHIP TO DECEDENT
	Virginia:
CITY/COUNTY	
scknowledged, subscribed and sworn to before me ony	DATE
NAME, TITLE, I Y COMMISSION EXPIRES	
Clerk, by	Deputy Clerk